

Active Shooter Exercise Development Workshop

CLASS INFORMATION

Thursday, June 21, 2018 from 8am-4pm

At the Columbus Police Training Academy, 1000 N. Hague Ave, Columbus, Ohio 43204

Cost: Free

COURSE DESCRIPTION

The goal of the Active Shooter Exercise Development Workshop course is to provide first responder and city, county, and state officials with the knowledge, skills, and abilities to lead an Active Shooter Tabletop Exercise.

The Active Shooter Exercise Development Workshop is a train-the-trainer course designed for individuals who may be responsible for developing and delivering active shooter tabletop exercises. Past events have demonstrated that a key point to effective whole of community preparation includes coordination across all professional disciplines that have responsibilities in the event of an active shooter incident. Attendees include but are not limited to:

- Law Enforcement
 - Fire
- Emergency Medical Services (EMS)
 - Emergency Management
 - Health Care Staff
- Hospital Staff
- Elected and Appointed Officials

Space is limited. Registrations must be in by June 11, 2018. For questions contact Lisa Murray at LMMurray@columbuspolice.org.

There are No Law Enforcement Active Shooter Tactics, Policies or Procedures talked about, spoken or mulled over in this course. This is all about a Train-the-Trainer how to design, develop and deliver a Tabletop Exercise.



Columbus Division of Police

Training Course Registration Form

Columbus Regional Training Academy
 Building Strong Minds, Strong Tactics and Strong Values

INSTRUCTIONS: Complete this form and send it to “Lisa Murray / Advanced Training at LMMurray@columbuspolice.org or fax to 614-645-4246

Name: Last		First		M.I.		Badge/IBM/Tech #:		
Assignment/ Agency:			Shift:			Days Off :		
Course: Active Shooter Exercise Development Workshop					Date: June 21,2018			
Time: 8am-4pm					Email:			

- I am interested in attending this course because:
- Career Advancement
- I am an FTO
- My assignment requires specialized training

Employee Signature:		Date:
I have read and understand the registration/cancellation policies and procedures for reserving a seat in this class.		
Supervisor Name (Please print.):		Date:
Supervisor Signature:		Date:
Assignment:	Telephone #:	
Supervisor signature indicates knowledge that this registration form will be submitted to Advanced Training Section for processing. A supervisor’s signature represents approval for this employee to attend the course and that payment will be made.		

Registration forms sent by fax should not be mailed. **Your confirmation notice will be emailed.**

Questions -- Call or contact Lisa Murray at LMMurray@columbuspolice.org or 614-645-2175.